



Pediatric Special Care Protocols: Child Abuse and Neglect

I. All Provider Levels

1. Perform a scene survey to assess environmental conditions and mechanism of illness or injury. Ensure scene safety.
2. Follow the General Patient Care guidelines in section A1 and the Response to a Child Abuse/Fatality Incident protocol in section N15.
3. Establish patient responsiveness.
4. Assess airway and breathing.
 - A. Use airway adjuncts as necessary to keep the airway open and administer oxygen as tolerated.
 - B. If no breathing is present, follow Single or Multi-System Trauma protocol in section R1 for treatment.
5. Assess circulation and perfusion.
6. Assess the patient noting any bruises or minor trauma and treat accordingly.
 - A. Do not perform a genital examination unless instructed by medical control.
7. If scene safety is threatened or there is obvious evidence of sexual abuse, request a law enforcement unit.
8. Call for ALS support if serious injuries are sustained or the child is severely malnourished or dehydrated.
 - A. Initiate care and do not delay transport waiting for an ALS unit.



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I. All Provider Levels (continued)

9. Obtain patient history using a nonjudgmental approach.
10. Ask open-ended questions as follows and document all answers:
 - A. For trauma cases:
 - i. Can you describe what happened?
 - ii. Has the child been moved from the area where the injury occurred?
 - iii. If the child was moved, who moved the child and why?
 - iv. Has the child ever been to the hospital before? For what reason?
 - B. For medical cases:
 - i. Has the child been sick in the last few days?
 - ii. How did the child seem when last seen?
 - iii. When was the last feeding provided?
 - iv. What was the child fed at the last feeding and what was the quantity?
 - v. When was the last time the child went to a physician? What was the purpose of that visit?
 - vi. When was the child's last bath/shower?
11. Reassess the environment.
 - A. Document findings, noting the following:
 - i. Where the child was located upon arrival
 - ii. Description of objects near the child upon arrival
 - iii. Unusual environment conditions, such as a high temperature in the room, abnormal odors, or other significant findings
 - iv. Child's appearance upon arrival, noting the condition of the clothing worn, the condition of the diaper the child was wearing and the child's overall cleanliness.
 - vi. Note the appearance and demeanor of the parents and document any obvious signs of intoxication, drug abuse or other significant findings.



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I. All Provider Levels (continued)

12. If sexual abuse is suspected, do not attempt to perform a genital examination.

A. Treat injuries as appropriate.

B. Interview the child separately from the parents (if possible) and ask the following questions, documenting all findings:



Note Well: *Some children may feel more comfortable talking to a member of the same sex. Attempt to call help if a same-sex member is not available in the responding unit.*

i. Description of event



Note Well: *Do not pressure the child for information regarding the perpetrator, allow the child to determine the quantity of information that they are willing to give you.*

ii. Description of injuries sustained from the event

iii. Time the event occurred

iv. Actions taken by the child or the caregiver following the event

a. Note the person taking the action

v. Specifically ask if the child has taken a shower or bath



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I. All Provider Levels (continued)

13. If the parents interfere with treatment or attempt to alter the scene, initiate the following actions:
 - A. Remain supportive, sympathetic, and professional.
 - B. Avoid arguing with the parents or exhibiting anger.
 - C. Do not restrain the parents or request that they be restrained unless scene safety is clearly threatened.
14. Document the emergency call,
 - A. Include the following information
 - i. Time of arrival
 - ii. Initial assessment findings and treatments given
 - iii. Time on scene
 - iv. Time of arrival at the hospital
 - v. History obtained
 - a. Note who provided the information
 - vi. Environmental conditions
 - vii. Time law enforcement personnel arrived on scene (if applicable)
 - viii. Time that scene responsibility was turned over to law enforcement personnel (if applicable)
 - ix. Reason law enforcement was called on scene (if applicable)
15. Provide supportive measures for parents and siblings.
 - A. Explain the treatment and transport decisions.
 - B. Maintain a supportive, professional attitude no matter how the parents react.
 - C. Be sensitive to ethnic and religious needs or responses and make allowances for them.



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I. All Provider Levels (continued)

16. Expose the child only as necessary to perform further assessments.
 - A. Maintain the child's body temperature throughout the examination.



II. Transport Decision

1. Contact medical control for additional instructions.
 - A. Report any injuries and findings to the receiving hospital.
 - B. Do not give opinions or judgments.
2. If the child's condition is unstable, initiate transport.
 - A. Perform focused history and detailed physical examination en route to the hospital if patient status and management of resources permit.
3. Initiate transport to the nearest appropriate facility as soon as possible.
4. Reassess at least every 3-5 minutes, more frequently as necessary and possible.
5. Report all findings and child abuse suspicious to the attending physician at the receiving hospital.



This protocol was developed and revised by Children's National Medical Center, Center for Prehospital Pediatrics, Division of Emergency Medicine and Trauma Services, Washington, D.C.



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